Ageless-Acupuncture

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Payment Policy and Authorization

I authorize my provider and/or his agents to collect fees for services rendered to me and/or any other persons for whom I am responsible. I agree to pay in full at the time of service and/or within 30 days of any statements sent to me unless prior written agreement has been made with my provider. I agree to provide no less than 24 hours' notice when canceling or changing my appointments, so that others have the opportunity to schedule in my place. I understand that when I give less than 24 hours' notice for cancellations, I will be responsible for a late cancellation fee not less than $40 (not to exceed the routine cost of that appointment). I understand that failure to show for any appointment not cancelled or rescheduled prior to its start time, will result in a no-show fee not less than 50% of the cost of the routine consult fee (not to exceed the routine cost of that appointment).
I acknowledge that my provider might not be a participating provider with my insurance carrier and that if he/she is not, then he/she will not submit insurance claims for me. If I choose to submit claims on my own behalf, reimbursements will be sent directly to me and not to my provider.

Patient Signature

Date